

**Rocío Baleriola Recio.**

Clinical Psychology Specialist.
Hospital Universitario de Getafe, Madrid, Spain.



Diagnostic Impact of Diabetes:

Key Points to Consider in Its Emotional Processing

Living with diabetes is an experience that goes beyond a physical challenge, as it also represents an emotional one. Both at the initial moment, following the diagnosis, and in the everyday reality of living with diabetes, it is normal to experience a wide range of emotions.

The detection of diabetes has a significant psychological impact on patients and can provoke a variety of emotions that must be managed and processed adaptively in the early stages to prevent them from becoming chronic and leading to more complex mental health disorders. The most frequent are stress, anxiety, and depression.

The diagnosis of diabetes usually impacts the patient at emotional, cognitive, and behavioral levels. The person must accept that they have an irreversible chronic disease. The emotional stress this entails is associated with concerns and uncertainty about the course of the disease and with the perceived burden of care, affecting not only the patient but also their relatives and close circle. This stress can influence treatment adherence, quality of life, and disease control. For this reason, diabetes care requires a comprehensive approach—not only medical—that also considers biopsychosocial aspects.

The diabetes onset refers to the first moment a person becomes aware of diabetic symptoms. It involves the presentation of the disease through a medical diagnosis, and its impact depends on the person's coping skills and emotional processing, which are essential for engaging in the care that the disease requires.

In general, it can be described as a process of assimilation and adaptation, based on the management of predominant emotions such as initial denial, subsequent fear, guilt, anger, rage, and confusion. Therefore, there is an emotional impact associated with the onset of diabetes.

In clinical practice, this process is comparable to grief. It is essential to manage this process emotionally to learn how to live with diabetes and the losses the disease entails.

The mere fact of knowing that one has diabetes generates concern and uncertainty, as well as feelings of vulnerability and frustration, which make the onset of diabetes a major life stressor for both the patient and their social environment. For this reason, it is necessary to provide psychological support to address these emotions. While these emotions may be adaptive and congruent, if

not managed and processed they can cause long-term problems.

The fundamental objective is to provide all available resources to prevent complications, learn to live with the disease, and attempt to normalize it.

Key Elements in Emotionally Processing the Diagnostic Impact:

1. KNOWING THE DISEASE

Understanding diabetes provides greater confidence when making well-informed health decisions. It also helps tolerate uncertainty more adaptively.

Several studies confirm that learning about diabetes and its complications can motivate people to follow their treatment plan, including diet, exercise, and medication. Education empowers the patient to take control of their health and participate actively in the process.

2. EMOTIONAL VALIDATION

This involves recognizing and accepting the emotions that arise upon receiving the diagnosis, such as fear, sadness, anxiety, anger, or rage. It is important not to self-judge or feel guilty. Avoiding these emotions can stall the process, as they are part of the normal course of acceptance.

3. ACCEPTING LOSS

This means acknowledging the life change and the need to adapt to a new reality, which includes lifestyle changes and disease management. The process can be difficult and involves experiencing different emotional stages: denial, anger, bargaining, depression, and finally acceptance. Each person experiences this process in their own way, with no defined timeline for reaching acceptance. This process has been referred to as the "grief of diabetes."

4. ACTIVE vs. PASSIVE COPING

There are two strategies people use to handle stress, problems, or illnesses. Active coping involves taking direct steps to »

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» resolve the problem or reduce its impact, while passive coping focuses on avoiding or ignoring it.

Studies show that active coping is associated with better blood glucose regulation, greater treatment adherence, and higher self-efficacy. In contrast, passive coping has a negative impact, leading to unhealthy behaviors such as alcohol use or overeating as avoidance mechanisms, both of which are clearly harmful to the disease course.

5. STRESS MANAGEMENT STRATEGIES

Since the diagnostic impact of diabetes is considered a stressful life event, it is important to have strategies to manage stress, which is inherent to the process. Stress management in people with diabetes is essential, as it directly affects blood sugar levels. The stress hormone cortisol is responsible for unpredictable rises or drops in glucose.

Some strategies include:

- Relaxation techniques: practicing relaxation exercises, meditation, mindfulness, or yoga.

- Establishing healthy routines: proper eating, sleep, and exercise increase the sense of control and reduce stress.

6. BALANCING SELF-DEMAND vs SELF-CARE

When self-demand is balanced with self-care, it can improve treatment adherence. However, excessive self-demand can lead to stress, frustration, and neglect of self-care. Therefore, finding balance is crucial.

• SELF-DEMAND IN DIABETES:

- Set realistic goals: establish achievable targets for glucose control, diet, and exercise adapted to individual capabilities.
- Recognize progress: value and celebrate even small achievements to maintain motivation.
- Accept mistakes: view errors as part of the learning process rather than as reasons for frustration or demotivation.
- Flexibility: adapt goals and care

ACTIVE COPING	PASSIVE COPING
Concrete actions to try to control the situation and minimize negative effects.	Avoidance of the problem and denial of its existence.
Involves seeking solutions, acquiring knowledge and skills, and taking measures to change the situation.	Involves giving up on taking measures to resolve the situation, which can lead to increased stress and anxiety.
Considered a more adaptive and effective long-term strategy.	May be harmful in the long term, as it does not address the underlying cause of the problem and can lead to frustration and hopelessness.
In coping with diabetes: <ul style="list-style-type: none"> - Active participation in treatment. - Seeking support. - Developing coping skills. - Adapting lifestyle. 	In coping with diabetes: <ul style="list-style-type: none"> - Denial of the disease. - Avoidance of situations related to the disease. - Emotional detachment.

TABLE 1. Difference between active and passive coping

» plans to life changes and individual circumstances.

● SELF-CARE IN DIABETES

- Glucose monitoring
- Healthy eating
- Regular exercise
- Stress management
- Emotional support

7. BEING SELF-COMPASSIONATE

Self-compassion means treating ourselves with kindness, understanding, acceptance, and respect, especially when facing difficulties in managing the disease. Instead of being self-critical about challenges, self-compassion encourages kindness and learning from experience. This involves recognizing diabetes as a chronic

disease that requires constant effort and brings emotional ups and downs, which demand support and understanding.

Self-compassion improves self-esteem, reduces stress and anxiety, promotes self-care, and fosters a positive attitude.

8. PROMOTING INTRINSIC MOTIVATION

Intrinsic motivation arises from personal satisfaction and enjoyment of activities for their own sake, while extrinsic motivation comes from external rewards such as prizes or recognition.

In diabetes, intrinsic motivation is linked to the internal desire to care for one's health for personal well-being. Examples include enjoying physical activity itself, feeling good after successful glucose control, or finding

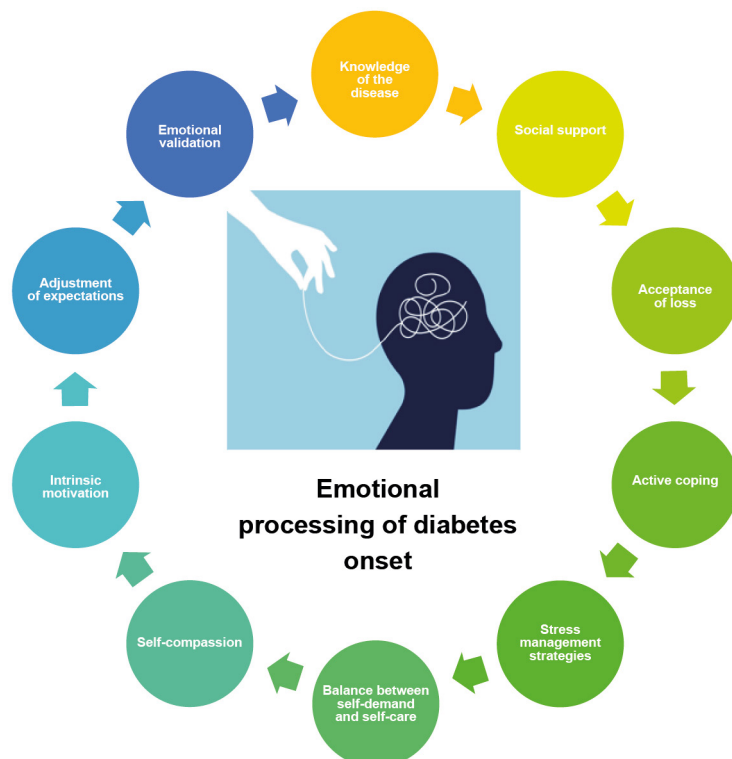
satisfaction in planning healthier meals.

9. ADJUSTING EXPECTATIONS

Upon receiving a diabetes diagnosis, it is crucial to adjust expectations and understand that the disease requires long-term management and lifestyle changes, but not necessarily a bleak outlook. Initial adaptation may be emotionally difficult, but with adequate support and a proactive approach, one can live a full and healthy life.

10. SOCIAL SUPPORT

Sharing concerns and feelings with one's social environment can relieve emotional burden. Participation in support groups provides the opportunity to connect with others living with diabetes, offering support, understanding, identification with peers, and normalization of the emotional adjustment process. **D**



CONCLUSIONS

The onset of diabetes has an impact whose consequences depend on the individual's coping and emotional management capacity.

A multidisciplinary intervention with a biopsychosocial approach can prevent initially adaptive and congruent emotions from becoming chronic and interfering with effective disease management.

Proper emotional validation, active coping, learning stress management strategies, and achieving balance between self-demand and self-care are key tools in the emotional processing of the diagnostic impact.